

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 01 7 8 7 4  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>4302</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula</u>		c. LENGTH OF STAY (In this place) <u>57 years</u>		c. CITY OR TOWN <u>Chula</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				e. STREET ADDRESS (If rural, give location) <u>0590</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 4 1872</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>9</u>		11. DAYS <u>10</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Spainhoor</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Jane Waltrip</u>			14. NAME OF HUSBAND OR WIFE <u>Daniel Osborn Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Wilson Chula Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Sigmoid Colon</u>  ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart Disease</u>  INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Aug 1956</u> , to <u>May 14, 1957</u> , that I last saw the deceased alive on <u>May 14, 1957</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. L. Milazzo</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Chula Mo</u>		23c. DATE SIGNED <u>5/15/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waldace Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chula Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/15/57</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. Robertson Funeral Home Chula</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4388

P. O. Address Laredo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.